



CPHA ACSP *health digest*

CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

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MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS



Cory Neudorf,
CPHA Chair

Moving Forward into a New Year!

Greetings and best wishes to CPHA members, friends and partners in 2009! As I transition into the role of CPHA Board Chair, I thought it would be a good idea to:

- take stock of the issues facing public health in Canada and beyond in the coming years,
- share with you how these issues will likely impact our Association,
- give you a sense of how the Board and staff are planning to position us to best respond to these challenges and meet member needs.

The public health system in Canada has been undergoing much scrutiny in the past few years. New and emerging threats in both infectious and chronic diseases are being profiled, leading to a renewed interest in ensuring the capacity of the traditional public health system, and an increased emphasis on illness and injury prevention and health promotion. Health reforms are leading to an increased expectation at both the federal and provincial levels for public health to work more collaboratively with the rest of the health system, and higher levels of accountability are being demanded. Increased attention to health disparities and inequities in Canada are creating new opportunities for public health to take a more active role in advocating for improvements in the social determinants of health. The

current economic crisis threatens to draw attention away from the need to act on increasing public health capacity and improving social justice when it is in fact most needed. Meanwhile, changes to traditional funding sources have forced CPHA to rethink its mandate and sustainability.

CPHA needs to position itself to be able to optimally support its members in their efforts to meet these challenges and expectations and to influence the health and human service sectors toward improving the public's health. In the past few years, CPHA has been undergoing a renewal process in an effort to refresh its mandate and take a more strategic role in shaping the future of the public health system in Canada, promoting the values and issues important to its members.

Canada's Public Health system is at a critical juncture. I believe a strong and vibrant national Public Health association will be of vital importance in ensuring we emerge from this period united, strengthened, and well positioned to face future challenges. I believe CPHA has taken some important first steps on the road to this preferred future, and I welcome the opportunity as Board Chair to take a more active role in working with the leadership to take us the rest of the way. There are many exciting initiatives underway at various stages of readiness for implementation, including the:

- continued collaborative work with the Canadian Coalition for Public Health in the 21st Century and other partners on important public health issues;
- planning of CPHA's Centenary to celebrate the history of public health in Canada and the role that CPHA plays;
- continued revitalization and modernization of the *Canadian Journal of Public Health*; and

see Moving Forward, page 4



Canadian Public Health Association 2009 Annual Conference

Public Health in Canada: Strengthening Connections

Winnipeg Convention Centre
Winnipeg, Manitoba • June 7-10, 2009

In collaboration with the:

- Canadian Institute for Health Information – Canadian Population Health Initiative
- Canadian Institutes of Health Research – Institute of Population and Public Health
- National Collaborating Centres for Public Health, and
- Public Health Agency of Canada

www.cpha.ca

In association with the Manitoba Public Health Association



CPHA health digest

Canadian Public Health Association

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO'S COLUMN

Infectious Disease Outbreaks: Tools and Strategies for Front-line Clinicians



Debra Lynkowski
Chief Executive Officer

In January 2007, the Public Health Agency of Canada (PHAC) contracted the Canadian Public Health Association (CPHA) to develop an accredited continuing medical education (CME) course for front-line health professionals in Canada. I am proud to say that CPHA will collaborate with PHAC to launch the course in the coming months.

This important educational initiative has been undertaken to increase Canada's capacity to prevent, detect, report, and contain emerging and re-emerging infectious disease of public health significance. The course has been developed with a view to:

- strengthening the links between public health, laboratory, and primary care communities;
- clarifying the roles and responsibilities of front-line health professionals in response to infectious disease outbreaks; and
- increasing Canada's public health capacity by meeting national and international reporting requirements.

CPHA has worked closely with PHAC to bring together a range of practitioners and experts to ensure that the course is state of the art. An Advisory Council was struck that included the: College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, Fédération des médecins omnipraticiens du Québec, Canadian Association of Advanced Practice Nurses, Canadian Medical Association, Council of Chief Medical Officers of Health, Canadian Public Health Laboratory Network, Pandemic Influenza Committee, First Nations and Inuit Health Branch of Health Canada, and Urban Public Health Network. Task groups have provided expert advice on the course content, promotion and evaluation and we have worked with the Faculty of Medicine at Memorial University to develop the online interface for the course.

An important aspect of the development of this course has been the involvement of front-line clinicians, public health professionals and infectious disease experts. It has also been tested and approved by primary care practitioners, PHAC and provincial/territorial Ministries of Health.

The course has also been developed to meet the accreditation requirements of the College of Family Physicians of Canada (Mainpro-M1), the Royal College of Physicians and Surgeons of Canada (MainCert) and la Fédération des médecins omnipraticiens du Québec (Category 1).

The leadership of PHAC, and specifically of Dr. Patricia Huston, as well as that of the Advisory Council, capably led by Dr. Penny Ballem, has been an outstanding and crucial element of this process. I would also like to acknowledge the contribution made by CPHA members who continue to participate in our projects when we ask – your contribution is always greatly appreciated.

Look for the Infectious Disease Outbreaks Course online in the coming months.

Debra Lynkowski
Chief Executive Officer



New Chair & Directors Took Office January 1, 2009

I am pleased to announce that the results of the Canadian Public Health Association's (CPHA) 2008 election have been finalized.

On behalf of all members of the Association, I would like to express our appreciation to all the nominees for letting their names stand for election and for their ongoing interest in the work of the Association.

Effective January 1, 2009, Hope Beanlands, Brian Bell and Shannon Turner begin their two-year terms on CPHA's Board of Directors while Lynn McIntyre returns for a second two-year term. Our congratulations to you all!

With our centenary year fast approaching, the Association is embarking on a particularly important time in our history during which the service of the Board will be much appreciated.

Debra Lynkowski

Chief Executive Officer

Chair

Cordell Neudorf, BSc, MD, MHSc, FRCPC

Chair-Elect

Erica di Ruggiero, BSc, MHSc, RD

Treasurer

Paul Hanvey, BA, CA

Directors

Hope Beanlands, PhD(c), MPA, MN, RN

Brian Bell, MSW

Joel Finlay, MPH

Sue Hicks, BN, MES

Maureen Law, MD, FRCPC

John M. Maxted, MD, MBA, CCFP, FCFP

Lynn McIntyre, MD, MHSc, FRCPC

Shannon Turner, BA, BSc, MSc

Ingrid Tyler, MD, MHSc, CCFP

Immunization Updates



National Immunization Awareness Week

19-25 April 2009

www.immunize.cpha.ca/en/events/niaw.aspx



Adult Immunization Record

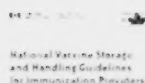
This pamphlet includes a list of commonly recommended vaccines for adults and a clip-off record to keep track of individual immunization.

Developed by the Canadian Coalition for Immunization Awareness & Promotion 2007. English or French.

www.cpha.ca/en/publications/pubs.aspx

Free + shipping (\$0.20)

Order #3-1BK01436



National Vaccine Storage and Handling Guidelines for Immunization Providers (2007)

Download (106 Pages - 1.12 MB)

www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/index-eng.php

[publicat/2007/nvshglp-ldemv/index-eng.php](http://www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/index-eng.php)

Nutrition Task Force Update

The Pan-Canadian Task Force on Public Health Nutrition Practice (the Task Force) formed in early 2006 to provide strategic guidance and expert advice on public health nutrition practice enhancement in Canada. The group includes front-line dietitians and leaders in public health nutrition from across Canada and organization liaisons who bring a variety of perspectives related to public health nutrition practice, workforce-related issues, education, training, regulation, and research.

The Task Force has set out to define public health nutrition practice in Canada, investigate the need for discipline-specific public health nutrition competency sets and explore an organizational structure that can provide leadership for public health nutrition practice issues in Canada. This work builds on the previous action items of the Task Force: a literature review, interviews with key informants and a situational analysis in 2006/07. Reports are available on the Dietitians of Canada website: <http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=8582>

In the fall of 2008, consultations were conducted across Canada with the public health nutrition stakeholders through 20 discussion groups. In addition, an on-line survey was distributed to over 10,000 dietitians and other members of the public health community.

The Task Force has begun to assess the level of agreement on a proposed definition for both current and future practice. Discussion groups provided suggestions for clarification.

Preliminary results point to a considerable agreement that the public health component of existing dietetic competencies needs strengthening. We are finding diverse opinions, however, as to the need for a distinct set of public health nutrition competencies. Stakeholders have also identified the need to consider proficiency levels within public health nutrition practice and how it interfaces with the practice of other public health colleagues.

As well, stakeholders explored options for leadership structures that facilitate inter- and intra-disciplinary communication and collaboration, and advocacy for the public health nutrition profession at a pan-Canadian level.

This input will inform recommendations to enhance public health nutrition practice and workforce development in Canada. Information will be presented at the Dietitians of Canada conference in June 2009 and through other various communication means. ♦



Canadian Public Health Association 2009 Awards

Each year the Canadian Public Health Association has the opportunity to recognize individuals/groups and/or organizations that have made a significant contribution in the area of public health. This year's nominations should be submitted following the guidelines and forms provided on the CPHA website at www.cpha.ca and forwarded to the CPHA Awards Committee no later than **March 16, 2009**. Nominations received after this date cannot be considered for the 2009 awards. Nominations will be reviewed by the Awards Committee and Awards will be presented during the CPHA Annual Conference in Winnipeg, Manitoba, in June 2009.

Who Can Nominate/Be Nominated

1. All CPHA members and CPHA Provincial/Territorial Public Health Association members (hereinafter referred to as "Nominators") are encouraged to nominate persons/groups who they feel are eligible to receive an award.
2. Individuals/groups may be nominated for more than one award in any given year. However, separate nomination forms must be completed for each award for which the person/group is nominated.

Nominees are invited for the following prestigious awards:

- R.D. Defries Award
- Honorary Life Membership
- Ron Draper Health Promotion Award
- Certificate of Merit
- CPHA International Award
- Public Health Agency of Canada/Canadian Public Health Association Health Human Resources Awards

CPHA National Public Health Hero

In addition to these awards, CPHA in partnership with the Canadian Institute for Health Information - Canadian Population Health Initiative, the Canadian Institutes of Health

Research-Institute of Population and Public Health, and the Public Health Agency of Canada, is pleased to announce the Call for Nominations for the CPHA National Public Health Hero Award 2009. The award will also be presented at CPHA's Annual Conference in Winnipeg, Manitoba, in June 2009.

The CPHA National Public Health Hero Award was created to broaden awareness and understanding of public health by recognizing members of the Canadian public for their significant contributions and exceptional commitment to promoting and protecting the health of Canadians.

The first CPHA National Public Health Hero Award was presented in September 2005 to André Picard, the public health reporter at The Globe and Mail. Subsequent award winners include former Vancouver Mayors Phillip Owen and Senator Larry Campbell (2006) and Heather Crowe (posthumous, 2007).

Eligibility

This award is meant to recognize an individual in a community of any size and composition from across the country, whose efforts have resulted in a positive difference for the public's health at the national level. Therefore, the criteria for nominations for the CPHA National Public Health Hero Award are fairly broad.

A nominee must be an individual who has demonstrated leadership, originality, perseverance and commitment to the health of the public and has contributed to the health and well-being of the community:

- a) from outside of his or her scope of work or practice (i.e., public health is not his or her profession), or
- b) as a student, who has made an outstanding effort in the area of public health as part of his or her school or extra-curricular activities.

For more information on the 2009 CPHA Awards program, visit the CPHA website at www.cpha.ca ♦

Moving Forward, from page 1...

- expansion of core services including Conference Services, Publication Sales and the Plain Language Service.
- 2009 promises to be a year of new challenges and opportunities for CPHA. I look forward to working with the rest of the Board, CPHA staff, and you as CPHA members as we shape CPHA into a more sustainable and responsive association according to our renewed vision. With the strong foundation we have inherited based on close to 100 years of effort, I am confident we will not only weather these challenges, but come through with a renewed strength and model that other countries will wish to emulate. ♦

Canadian Perinatal Health Report – 2008 Edition, Available Online

The Canadian Perinatal Health Report-2008 Edition is now available on the Public Health Agency of Canada's Website. The report presents temporal trends and differences observed at national and provincial/territorial levels for 29 perinatal health indicators. Surveillance contained in this report is fundamental in providing knowledge to improve the health status of Canadian women, mothers and infants. Consult the report online at www.publichealth.gc.ca/cphr or contact the Public Health Agency of Canada at cpps@phac-aspc.gc.ca for your own copy. ♦



STUDENT Corner

Entering Foreign-Trained Doctors into the Canadian Medical Workforce

Canada is currently facing medical doctor shortages, especially in underserved areas. This gap exists even though many foreign-trained doctors immigrate to Canada with the hope of using their skills. However, foreign-trained doctors have great difficulty entering the medical workforce in Canada, and face a number of barriers, including: 1) dealing with immigration issues, 2) lack of clear, centralized information, 3) lack of available step-by-step progression through the medical system, and 4) language barriers.

In order to address these barriers, programs have been developed to help foreign-trained doctors enter the medical workforce. Common evidence-based components to many of these programs include:

- Providing study groups for foreign-trained doctors in order to prepare for exams,
- Providing information on the medical system,
- Identifying the steps to enter the medical workforce,
- Developing groups in order to increase social support among individuals facing similar experiences,
- Providing employment training such as résumé building and interviewing skills,
- English-language training, and
- Volunteer/mentoring/work placements.

However, while these programs do exist, many lack a comprehensive focus. For example, several programs merely prepare foreign-trained doctors for qualifying exams. Given the medical professional shortages in Canada, it is vital to create comprehensive programs, using evidence-based practices, to aid foreign-trained doctors in completing their re-accreditation in an efficient and effective manner.

A review of the literature that I conducted for a University of Waterloo graduate course (Building Community-University Research Alliances) suggests that gaining hands-on experience in the medical workforce is a crucial step in the re-licensing of foreign-trained doctors. However, it is clear that future programs should take a comprehensive approach, and attempt to target the main barriers foreign doctors face. Many of the evidence-based practices go hand-in-hand, such as study groups for exam preparation and providing group interactions in order to increase social support, and may thus facilitate program development and implementation. Entering foreign doctors in the medical system while increasing doctor availability in Canada is a winning situation for all. ♦



Nour Schoueri is a PhD student in the department of Health Studies & Gerontology at the University of Waterloo. Her main research focus includes immigrant and minority women's health and the influence of culture on health behaviour. She is currently applying this focus to STI/HIV prevention research.

NSSCM
SNSMC

Update on the National Specialty Society for Community Medicine

During the past year and a half, CPHA has partnered with the National Specialty Society for Community Medicine (NSSCM) to develop and deliver Continuing Professional Development opportunities to community medicine and public health physicians. This partnership brings together complementary strengths of the two organizations. Linking the vocation of public health with the professional challenges faced by specific disciplines will be important in carrying CPHA into the new realities of the future. To date, the focus of the society has been on issues of professional development, networking colleagues, and advocating for both public health improvement and for some of the discipline-specific issues of public health physicians.

As is the case with CPHA, the specialist society is looking at how best to advocate to serve Canada's public more effectively. Working in conjunction with CPHA and other national bodies increases the potential reach of any single organization. We encourage you to visit the website at www.nsscm.ca. For an example of the work done on behalf of public health physicians, see the letter to the CMAJ of September 26th <http://www.cmaj.ca/cgi/eletters/cmaj.081441v1>, which outlined the challenges of working in public health medicine in Canada. ♦



Dr. John Last, Winner of American Public Health Association's 2008 Sedgwick Memorial Award

As reported in the Autumn issue of the Digest, CPHA member and former CJPH Scientific Editor, Dr. John Last, was presented with APHA's prestigious Sedgwick Memorial Award at a meeting in San Diego, CA in October 2008, in honour of his long and illustrious career in public health. Below are excerpts from his acceptance speech.

Thank you all very much. I feel honoured and I am beholden to the American Public Health Association awards committee.

I have belonged to Public Health since the late 1950s, when I had a philosophical and ideological conversion from family medicine. I think I was reasonably competent and I loved family doctoring. But I never liked taking money from suffering people as a way to make a living, and as the years passed, I became convinced that what I really wanted to do was to keep people healthy – to become a public health specialist.

The 82 years of my life have been an exciting time of medical discovery, technical advances, and transformation of public health and health care. I have been blessed with the friendship of many great people of public health sciences and epidemiology all over the world. My lifetime has been a time of triumphant success – and of new challenges arising to replace the old ones we had surmounted.

In my lifetime, infant mortality has declined tenfold, from 50 to 5; life expectancy has risen by half, from 55 to nearly 80 years; we've identified causes of coronary heart disease and stroke, many cancers, traffic injury and death, and we have begun to control these problems; financial barriers between sick people and care they need have been eliminated or reduced to manageable size in all OECD nations, except the United States. There has been breathtaking progress in medical and many other technologies; my profession, medicine, is no longer dominated by white men in suits.

But new challenges have arisen. More than 30 new diseases have emerged since 1970. Most are dangerous infections. HIV/AIDS alone has infected 42 million and killed 12 million people since it was identified in the early 1980s. There's an epidemic of obesity, caused by our lifestyle and aggravated by advertising and marketing junk foods. We have become aware of the prevalence and debilitating impact of depression and dementia. We fear an overdue influenza pandemic. The drug industry has invented new diseases, medicalized normal physiological changes accompanying transitions from one life stage to the next, and invented costly new drugs to "treat" them.

There are ominous signs of worse to come. Worldwide chemical pollution; profligate misuse of non-renewable resources; widening rich-poor gaps; escalating species extinction; collapsing ocean fisheries; increasingly savage and indiscriminate conflicts; and global climate change. Global climate change is the gravest danger facing us and many other



Dr. John Last being presented the Sedgwick Memorial Award by Dr. Fay Wong, chair of the APHA Awards Committee, at the American Public Health Association's 136th Annual Meeting in San Diego, California

living things. Signs of increasing planetary stress are obvious everywhere. These new challenges are manmade health problems, and all of us must help to undo the harm we have done to the earth, to each other, and to future generations.

Watching and thinking about our moderately successful control of the tobacco epidemic, and reflecting on successful or failed efforts to control other public health and social problems, I have identified five requirements for success.

- We must be aware that the problem exists
- We must understand what causes it
- We must be able to deal with the cause
- We must believe it is worthwhile to do this
- We must have the political will to do what it takes to deal with the problem.

The 19th century public health workers did all this in the sanitary revolution, and we are doing it with tobacco control, alcohol-impaired driving, traffic injury and death, child abuse, domestic violence, unsafe working conditions in mines and factories, and occupational cancers.

We must mobilize these five prerequisites to control the most deadly challenge to health and even survival of many species, including perhaps our own, since the last ice age.

This challenge is the imminent danger to life-supporting ecosystems caused by climate change. This is disrupting ecosystems, melting polar and alpine ice caps, causing catastrophic extreme weather like the European heat wave of 2003 that killed 35,000 people and hurricane Katrina. The range of vector-borne and water-borne disease is expanding in our warmer world. Malaria and diarrhea are flourishing, killing several million annually – an expanding public health problem. Eleven of the last 12 years have been the hottest since record-keeping began about 150 years ago.

see Last, page 7...



Another successful year for CCIAP

The Canadian Coalition for Immunization and Awareness (CCIAP) has once again had a busy autumn and winter. For this year's Influenza Immunization Awareness Campaign, over 34,000 influenza-related documents were ordered, compiled and mailed out. These resources included posters, pocket guides (containing the condensed NACI statement for 2008/2009), and cold chain refrigerator reminder magnets. Members of CCIAP gathered on November 5 in Ottawa for the annual face-to-face meeting to review CCIAP's accomplishments in 2008, to hear about vaccines in the pipeline from our industry partners, to discuss promotional strategies, and find ways to continue to raise CCIAP's visibility.

The positive response to the National Immunization Awareness Week (NIAW) bulletins in the spring was the catalyst for the creation of four Influenza Bulletins, emailed to the CCIAP Network, posted on immunize.ca and distributed at the 8th Canadian Immunization Conference. The topics included: manufacturing safety of the influenza vaccine; pregnancy and the influenza vaccine; seniors and the influenza vaccine; and health system workers receiving the influenza vaccine.

Last, from page 6...

There is not much time to turn all this around. The best scientific opinions give us 60-80 years, some say as little as 20-30 years – when many of you here today will be in your peak years – to respond effectively.

It's time to stop pussy-footing around. We must stop the absurd 'war on terror,' and 'war on drugs.' It's time to make the effort to understand what is happening to our world. It's time to recognize and deal with the awful danger to the bountiful life-supporting ecosystems and the kindly climate humans have enjoyed for the past 10,000 years.

We have good cause to rejoice about the achievements of the past half century, but we must not relax. Much remains to be done to ensure that our beautiful blue planet remains a happy and secure home for humanity and other living creatures in future generations. As my generation fades away, you young public health workers here today have much more hard work to do, many great challenges to overcome.

Thank you for listening to me. ♦

John Last
San Diego, CA
October 28, 2008

Immunization is not just for kids!

Canadian Coalition for
Immunization Awareness & Promotion
immunize.ca



2008 also was the year of the Canadian Immunization Poster Contest for Grade 6 students. Over 1800 posters were received for judging. A National Winner, National Runner-up and a winner from each participating province/territory have been chosen. The National Winner will be announced at the 8th Canadian Immunization Conference being held in Toronto from November 30 – December 3 at the Sheraton Centre. CCIAP is proud to be an exhibitor at the Conference. The winning posters will be displayed around the exhibit area. The winning poster entries will be made into graphically designed posters for the 2009 NIAW campaign. Order forms will be available at the CCIAP booth to purchase these creative immunization-promotion posters.

Before you know it, we'll be thinking about spring and the NIAW. Until then, have a healthy winter and remember: get the flu shot, not the flu. ♦

Coming events

2009 Nursing Leadership Conference

Leaders in Action: Mobilizing Nursing Leadership

8-10 February 2009

Toronto, ON

Contact: Debbie Ross, Conference and Special Events Manager

Tel: 1-800-361-8404 ext. 214

E-mail: dross@cna-aiic.ca

www.cna-aiic.ca/CNA/news/events/leadership/default_e.aspx

29th International Congress on Occupational Health

Occupational Health: A Basic Right at Work – An Asset to Society

22-27 March 2009 Cape Town, Afrique du Sud

Contact: Congress Secretariat

Tel: +27(0)21-938-9238/9245/9082/9651

Fax: +27(0)21 933 2649

E-mail: admin@icoh2009.co.za

www.icoh2009.co.za

Canadian Institute of Public Health Inspectors 75th Annual Education Conference

75 Years and New Frontiers

3-6 May 2009

Kananaskis, AB

ciphi.conference09@calgaryhealthregion.ca

http://members.shaw.ca/ciphi.conference2009/

2009 CPHA Annual Conference

Public Health in Canada: Strengthening Connections

7-10 June 2009

Winnipeg, MB

Contact: CPHA Conference Services

Tel: 613-725-3769, ext. 126

Fax: 613-725-9826

E-mail: conference@cpha.ca

www.cpha.ca

A Climate for Change – Communication, Collaboration and Co-operation

19th World Conference on Disaster Management
Canadian Centre for Emergency Preparedness

21-24 June 2009

Toronto, ON

Contact: Adrian Gordon, CCEP

E-mail: agordon@ccep.ca

www.wcdm.org

2009 Spirituality and Health Conference: Working Together for Optimal Health

24-26 September 2009

Calgary, AB

Contact: Jill Langer, Conference Coordinator

Continuing Medical Education and

Professional Development

Tel: 403-220 4251

Fax: 403-270 2330

E-mail: jlanger@ucalgary.ca

www.cme.ucalgary.ca

14th International Congress on Circumpolar Health

Health Canada and the Government of the
Northwest Territories

11-16 July 2009

Yellowknife, NT

Contact: Pat Thagard, Congress Coordinator

Arctic Health Research Network

Tel: 867-873-9337

Fax: 867-873-9338

E-mail: icch14@theedge.ca ♦



Canadian International Immunization Initiative Phase 2 (CIII-2)

Eradicating Polio in Africa – A Story of 2 Canadian Consultants

During the period between May and August 2008, the Canadian International Immunization Initiative (CIII) was happy to support the overseas deployment of 12 Canadian consultants in collaboration with the CDC STOP (Stop Transmission of Polio) Program, the World Health Organization (WHO) and national Ministries of Health in partner countries. Consultants from across Canada with various backgrounds, qualifications and expertise travelled to countries in Africa and Asia to assist in 3-month missions primarily aimed at strengthening acute flaccid paralysis (AFP) surveillance, supporting national immunization days, and conducting polio case investigation and follow-up. Though the focus of the STOP program remains on polio activities, the role of some of the team members included supporting measles mortality reduction, strengthening routine immunization, and supporting the Integrated Disease Surveillance initiative. Consultants were recruited as Field Surveillance Officers or Data Managers depending on their skills set and the needs of the host country. Below, are the experiences of two of the Canadians who joined this summer's mission.

Angela Luciani, a nursing instructor at Nunavut Arctic College has always taken the road less traveled when visiting other countries. Immersing herself in different cultures throughout trips is usually the highlight.

She was always interested in international opportunities, but had never been able to meet the time commitment required. When the STOP Program was suggested by her practicum supervisor, Dr. Donna Moralejo, who had participated in 3 prior STOP missions, Angela applied. As this was still early in her career, she was hopeful just to be contacted.

When she was not only contacted by CIII at CPHA, but interviewed and subsequently told she had been selected as a Surveillance Officer to participate in STOP Team 28 in Ghana, she was ecstatic!!

Angela spent 3 months based in the Northern Region of Ghana, which accounts

for 25% of the area of the country. She supported Ghana Health Service in the effort to maintain and strengthen acute flaccid paralysis surveillance. As many communities are hard to reach and are not visited often, while there, Angela participated in integrated disease surveillance, including measles, yellow fever, and neonatal tetanus. The region Angela traveled throughout was also dealing with increased guinea worm and malaria cases, so these surveillance data were reviewed as well.

During travels on extremely rough dirt roads that were better than any roller coaster, the vehicle was charged by cattle, the roads were washed out with rains, and seatbelt burn and bruises from transportation became everyday injuries. Angela laughed and took it all in stride. When she finally arrived at the facility she was trying to reach, the staff were very welcoming and grateful for the surveillance visit as well as the suggestions that were offered to strengthen the program.

Overall, the STOP 28 team concluded that Ghana has a very strong surveillance system in place. Several of the issues impacting routine immunization and surveillance in northern Ghana were the seasonal migration of families, flooding, lack of communication services, ageing vehicles for outreach, and lack of consistent training opportunities.

During her stay in the Northern Region of Ghana, Angela managed to visit 27 facilities and the regional office. Despite challenging work and living conditions, she always maintained a positive attitude.

This experience has renewed Angela's passion for health and education. "It's great to be able to be part of the big picture of global health," she says. She can't wait to be able to participate in a STOP mission again.

Susan Clay, MSc Epidemiology, recently participated as a Surveillance Officer with CIII on STOP Team 28 in Ethiopia. She spent 3 months working with the



Canadian consultant Angela Luciani with an infant in Ghana

WHO and Ethiopia Ministry of Health staff to support the surveillance of acute flaccid paralysis (AFP), Measles and Neonatal Tetanus (NNT) and to strengthen the routine immunization program.

Susan traveled to two health zones, Jimma and Illubabor in the western highlands area of Ethiopia. Over the 12-week mission, she visited 36 local health administration offices (woredas) and 47 health facilities. A typical day began with a meeting with woreda health officials to review surveillance reports, followed by a visit to one or more health facilities to meet the staff, assess their knowledge of the diseases under surveillance, conduct active case search for missed cases and review routine immunization records. The health facilities varied from large public or charity hospitals to remote health outposts.

Susan discovered that 'sensitization' of health workers was the most rewarding and productive part of her visits. The goal of sensitization was to refresh health workers' awareness of case definitions and investigation procedures as well to reinforce the

see *Eradicating Polio*, page 11



SOPHA Partners at the JASP Conference in Quebec City



Delegates from the SOPHA program, facilitators of the health promotion workshop and CPHA SOPHA staff complete one week of activities and exchanges in Québec City.

Back row: Mr. M. Alles (CPHA-SOPHA); Dr. V. Mendez Dussan (Nicaragua); Mr. D. Kondji Kondji (Cameroon); Dr. Y. Biamby (Haiti); Dr. D. Houéto (Benin); Front row: Ms. G. Lafontaine (Quebec); Ms. V. Pedneault (CPHA-SOPHA); Dr. S. Samna (Niger)

From November 17-20, 2008, SOPHA program partners from Cameroon, Haiti, Nicaragua and Niger met in chilly Quebec City to participate in the *Rencontre francophone internationale sur les inégalités sociales de santé* (RFIIS) and the *Journées annuelles de santé publique* (JASP) conference.

The RFIIS meeting was dedicated to the social inequalities in health drawing from the perspectives and experiences of various francophone nations represented by researchers, public health practitioners, civil society and government representatives. The SOPHA program partners were engaged both as participants and as presenters. Mr. Dominique Kondji Kondji from the Cameroon Public Health

Association of Cameroon presented on the topic of improving access to health care service in Cameroon. Dr. Erol Joseph from the Public Health Association of Haiti was invited to present the perspective of the education sector in Haiti in a roundtable plenary presentation that examined the importance of adopting an intersectoral approach to address social inequalities in health.

Over the two days of the RFIIS and one day of the JASP meeting, the SOPHA program partners participated in a range of sessions and workshops and had opportunities to network with other Canadian and international participants. They were also invited to attend social events hosted by the

Réseau francophone international pour la promotion de la santé (REFIPS) and the *Association santé publique de Québec* (ASPQ), both of which are collaborators in the SOPHA program.

Finally, one day was set aside for the SOPHA partners to present and exchange on the work and experience of their respective Associations. A small workshop on the topic of health promotion was also organized and facilitated by two health promotion experts: Ms. Ginette Lafontaine from the REFIPS-Amériques and the *Direction de santé publique de la Montérégie* and Dr. David Houéto from the REFIPS-Afrique and the *Centre de recherche pour le développement de la promotion de la santé en Afrique*, based in Bénin. ♦



African Public Health Advocates Affirm Presence at WHO Framework Convention on Tobacco Control Conference

Eleven public health association (PHA) tobacco control advocates representing over nine countries in Sub-Saharan Africa attended the Third Session of the Conference of the Parties of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) last November in Durban, South Africa. The WHO FCTC is the first public health and evidence-based treaty to focus on demand and supply reduction strategies on tobacco and tobacco use, directly responding to the globalizing spread of the tobacco epidemic. The Treaty provides guidelines on a wide range of tobacco issues including global marketing, transnational tobacco advertising, promotion and sponsorship, and the trans-border movement of contraband and counterfeit cigarettes. Since the start of the first negotiations for the FCTC in October 1999, an incredible total of 40 million people have died from tobacco-

related diseases, with most deaths now occurring in developing countries.

Nearly 600 delegates participated in the Conference from 130 Parties to the Convention. Through the *Strengthening of Global Tobacco Control Project* at CPHA – a Global Tobacco Control Forum project funded by the International Affairs Directorate at Health Canada – a strong African delegation consisting of present and former partners of the *Strengthening of Public Health Association (SOPHA) Program* contributed and participated in this dual policy and research conference. PHA delegates included countries from Ethiopia, Uganda, Tanzania, Mozambique, Burkina Faso, Niger, Cameroon, and Congo-Brazzaville. The visit was facilitated with the assistance of the Public Health Association of South Africa, which also sent two public health representatives to the Conference. The Conference was a

unique opportunity for African PHA representatives to advocate for tobacco control with their official ministerial delegation and at the same time, learn about tobacco control and the FCTC process.

In addition to participating at the Conference, PHA partners shared their experiences and future vision for tobacco control in Africa through a series of workshops, which built upon previous regional PHA events and networks. One of the highlights of these workshops was a powerful presentation by Mr. Akinbode Oluwafemi, Programme Manager of the Environmental Rights Action / Friends of the Earth group of Nigeria on how to be an effective advocate during the FCTC deliberations. These workshops, which were conducted in both French and English, also provided a space for

see *Tobacco Control*, page 11



African Public Health Association (PHA) delegates discuss the future of tobacco control during the first regional workshop meeting held during the Third Session of the Conference of the Parties to the WHO FCTC (Photo courtesy of Physicians for a Smoke-Free Canada)



Global measles deaths drop by 74%

Measles deaths worldwide fell by 74% between 2000 and 2007, from an estimated 750,000 to 197,000. In addition, the Eastern Mediterranean region, which includes countries such as Afghanistan, Pakistan, Somalia, and Sudan, has cut measles deaths by a remarkable 90% during the same period. By reducing measles deaths from 96,000 to 10,000, the region has achieved the United Nations goal to reduce measles deaths by 90% by 2010, three years early.

The African region was the largest contributor to the global decline in measles deaths, accounting for about 63% of the reduction in deaths worldwide over the eight-year period. In 2007, measles outbreaks occurred in a number of African countries due to gaps in immunization coverage, reinforcing the need to continue immunization support.

CPHA is a partner to this success through the Canadian International Immunization Initiative (CIII). CIII identifies and recruits Canadian technical consultants to assist in strengthening national childhood immunization systems to work towards

polio eradication, the elimination of measles and the combating of childhood diseases in low- and middle-income countries around the world. As of May 2008, CIII-2 has supported 115 technical missions conducted by 71 Canadian experts in immunization, public health and primary health care to 41 countries to work with Ministries of Health to improve access to immunization services for children and women and to improve the quality of such services. CIII-2 is also supporting social mobilization projects in support of immunization awareness and uptake. ♦

Eradicating Polio, from page 8...

importance of their efforts to reduce vaccine-preventable childhood diseases. Many of the health staff appreciated hearing how their work supports global initiatives, particularly the impact of the global eradication of polio strategy. During her visits, Susan sensitized over 450 health staff; short sessions were conducted using simple flipcharts outdoors in the reception area or in a corner of the health centre.

Susan also worked with World Health Organization Surveillance Officers to provide classes at large health centres or hospitals. While most health workers could understand her English presentation, the questions and discussions were usually directed in Amharic or Oromifa to the WHO or Zone staff!

Susan and her Canadian colleague Tammy Stuart had the opportunity to meet with the Ethiopia Public Health Association. The EPHA is working closely with CPHA on several projects, including the support of the Health Extension Workers (HEW) through CIII, who work at the village level in public health. Tammy and Susan contributed articles on



Canadian consultant Susan Clay among nurses and friends in Jimma, Ethiopia

surveillance and routine immunization for the new EPHA HEW newsletter and are looking forward to seeing their words in Amharic. ♦

Tobacco Control, from page 10...

PHA delegates to discuss the opportunities and challenges with the implementation of their small tobacco control projects funded by CPHA earlier in the year. CPHA provided seed grants to support seven national PHAs to be strong advocates on the protection from exposure to tobacco smoke (FCTC

Article 8), the packaging and labelling of tobacco products (Article 11), and the design and delivery of public awareness campaigns of tobacco control issues (Article 12). The PHA tobacco control advocates also participated in daily advocacy meetings organized by the Framework Convention Alliance (FCA) and an industry monitoring workshop

conducted by the International Development Research Centre (IDRC).

On behalf of our delegates and CPHA, we extend our thanks to the individuals and organizations, especially the Global Tobacco Control Forum members, who helped with the success of this important technical study tour in Durban, South Africa. ♦



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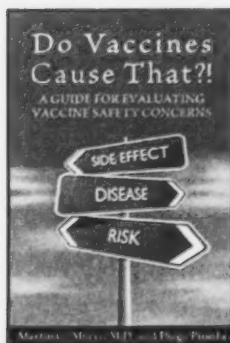
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Do Vaccines Cause That?!

A guide for evaluating vaccine safety concerns

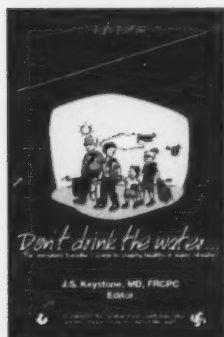
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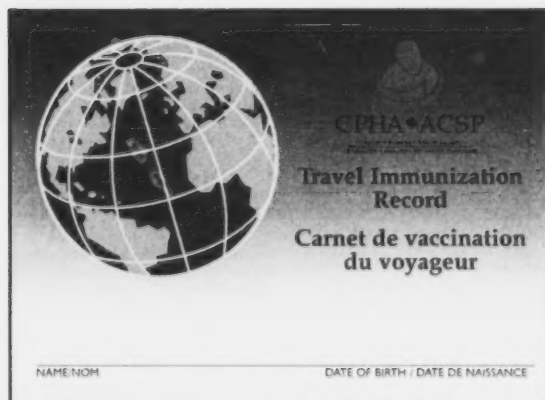
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Dr. J.S. Keystone, Editor

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CPHA, 2008
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